

SENATE BILL 819

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2004 Regular Session
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By: **Senators Hollinger, Middleton, Green, Teitelbaum, Dyson, Kelley,
Lawlah, and Stone**

Introduced and read first time: February 18, 2004

Assigned to: Rules

Re-referred to: Finance, February 23, 2004

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: April 2, 2004

CHAPTER _____

1 AN ACT concerning

2

Olmstead Compliance Act of 2004

3 FOR the purpose of ~~establishing certain tests to determine if an individual is eligible~~
4 ~~for nursing facility services; requiring the Department of Health and Mental~~
5 ~~Hygiene to adopt certain regulations; requiring the Department to develop a~~
6 ~~certain program on or before a certain date to reduce the number of medical~~
7 ~~assistance recipients in nursing facility beds in each county and Baltimore City~~
8 ~~requiring the Department of Health and Mental Hygiene to apply for a certain~~
9 ~~waiver under the federal Social Security Act; requiring the Department to~~
10 ~~develop a certain program that includes certain services for certain individuals~~
11 ~~to participate in certain settings; prohibiting the Department from developing a~~
12 ~~certain program that diminishes or reduces the quality of certain services, that~~
13 ~~requires a nursing facility resident to involuntarily accept certain services, or~~
14 ~~that requires a nursing facility resident to be transferred or discharged under~~
15 ~~certain circumstances requiring that certain services are not subject to a certain~~
16 ~~program; requiring that certain savings generated under the program be used~~
17 ~~for certain purposes; requiring the Department to apply to the United States~~
18 ~~Centers for Medicare and Medicaid Services to amend a certain waiver to~~
19 ~~receive federal matching funds for services to assist dually eligible nursing~~
20 ~~facility residents in obtaining certain health care services; requiring a certain~~
21 ~~waiver to include certain goals and objectives; requiring that certain financial~~
22 ~~eligibility criteria include certain individuals whose countable income falls~~
23 ~~between certain limits; requiring the Department and the Department of Aging~~
24 ~~to administer certain waiver programs; requiring the Department and the~~
25 ~~Department of Aging to make a certain designation in each county and~~
26 ~~Baltimore City; requiring the Department and the Department of Aging to~~

1 develop certain systems to provide certain services; requiring the Department
 2 and the Department of Aging to implement a certain licensure and inspection
 3 system; requiring the Department and the Department of Aging to authorize
 4 certain providers to directly bill the Department for certain services; requiring
 5 the total yearly cost of environmental modifications be equal to or less than the
 6 total current monthly benefit available under the Maryland Medical Assistance
 7 Program multiplied by 12; requiring the Department, in consultation with
 8 certain representatives, and with the approval of the Department of Aging to
 9 adopt certain regulations; ~~requiring the Department of Aging to make a certain~~
 10 ~~report on or before a certain date and annually thereafter; requiring the~~
 11 ~~Department and the Department of Aging to develop a certain plan to assist~~
 12 ~~local area agencies on aging in developing a single point of entry system~~
 13 requiring the Department to submit the proposed waiver under this Act to the
 14 Legislative Policy Committee for its review and comment; requiring the
 15 Department to report on the status of a certain program; providing for the
 16 termination of a certain program; requiring the Department to implement a
 17 certain program initially by emergency regulation; defining certain terms; and
 18 generally relating to long-term care eligibility requirements and waiver services
 19 in the Maryland Medical Assistance Program.

20 BY adding to

21 Article - Health - General
 22 Section ~~15-115.1~~ and 15-141
 23 Annotated Code of Maryland
 24 (2000 Replacement Volume and 2003 Supplement)

25 BY repealing and reenacting, with amendments,

26 Article - Health - General
 27 Section 15-132
 28 Annotated Code of Maryland
 29 (2000 Replacement Volume and 2003 Supplement)

30 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
 31 MARYLAND, That the Laws of Maryland read as follows:

32 **Article - Health - General**

33 ~~15-115.1.~~

34 (A) (1) ~~IN THIS SECTION THE FOLLOWING TERMS HAVE THE MEANINGS~~
 35 ~~INDICATED.~~

36 (2) ~~"HANDS ON ASSISTANCE" MEANS THE PHYSICAL ASSISTANCE OF~~
 37 ~~ANOTHER PERSON WITHOUT WHICH AN INDIVIDUAL WOULD BE UNABLE TO~~
 38 ~~PERFORM THE ACTIVITY OF DAILY LIVING.~~

39 (3) ~~"SEVERE COGNITIVE IMPAIRMENT" MEANS A LOSS OR~~
 40 ~~DETERIORATION IN AN INDIVIDUAL'S INTELLECTUAL CAPACITY THAT IS:~~

1 (4) ~~COMPARABLE TO AND INCLUDES ALZHEIMER'S DISEASE AND~~
2 ~~SIMILAR FORMS OF IRREVERSIBLE DEMENTIA; AND~~

3 (II) ~~MEASURED BY CLINICAL EVIDENCE AND STANDARDIZED TESTS~~
4 ~~THAT RELIABLY MEASURE IMPAIRMENT IN AN INDIVIDUAL'S:~~

5 1. ~~SHORT TERM OR LONG TERM MEMORY;~~

6 2. ~~ORIENTATION AS TO PEOPLE, PLACES, AND TIME; AND~~

7 3. ~~DEDUCTIVE OR ABSTRACT REASONING.~~

8 (4) ~~"STANDBY ASSISTANCE" MEANS THE PRESENCE OF ANOTHER~~
9 ~~PERSON WITHIN ARM'S REACH OF AN INDIVIDUAL THAT IS NECESSARY TO PREVENT,~~
10 ~~BY PHYSICAL INTERVENTION, INJURY TO THE INDIVIDUAL WHILE THE INDIVIDUAL~~
11 ~~IS PERFORMING AN ACTIVITY OF DAILY LIVING.~~

12 (5) (4) ~~"SUBSTANTIAL SUPERVISION" MEANS CONTINUAL~~
13 ~~SUPERVISION BY ANOTHER PERSON THAT IS NECESSARY TO PROTECT AN~~
14 ~~INDIVIDUAL WITH SEVERE COGNITIVE IMPAIRMENT FROM THREATS TO HEALTH OR~~
15 ~~SAFETY.~~

16 (II) ~~"SUBSTANTIAL SUPERVISION" INCLUDES CUING BY VERBAL~~
17 ~~PROMPTING, GESTURING, OR OTHER DEMONSTRATIONS OR 24 HOUR SUPERVISION.~~

18 (B) ~~AN INDIVIDUAL SHALL BE DETERMINED MEDICALLY ELIGIBLE TO~~
19 ~~RECEIVE NURSING FACILITY SERVICES UNDER THE MARYLAND MEDICAL~~
20 ~~ASSISTANCE PROGRAM IF THE INDIVIDUAL REQUIRES:~~

21 (1) ~~SKILLED NURSING FACILITY CARE OR OTHER RELATED SERVICES;~~

22 (2) ~~REHABILITATION SERVICES; OR~~

23 (3) ~~HEALTH RELATED SERVICES ABOVE THE LEVEL OF ROOM AND~~
24 ~~BOARD THAT ARE AVAILABLE ONLY THROUGH INSTITUTIONAL FACILITIES~~
25 ~~INCLUDING, BUT NOT LIMITED TO, INDIVIDUALS WHO EITHER BECAUSE OF SEVERE~~
26 ~~COGNITIVE IMPAIRMENTS OR OTHER CONDITIONS:~~

27 (4) 1. ~~ARE CURRENTLY UNABLE TO PERFORM AT LEAST TWO~~
28 ~~ACTIVITIES OF DAILY LIVING WITHOUT HANDS-ON ASSISTANCE OR STANDBY~~
29 ~~ASSISTANCE FROM ANOTHER INDIVIDUAL; AND~~

30 2. ~~HAVE BEEN OR WILL BE UNABLE TO PERFORM AT LEAST~~
31 ~~TWO ACTIVITIES OF DAILY LIVING FOR A PERIOD OF AT LEAST 90 DAYS DUE TO A~~
32 ~~LOSS OF FUNCTIONAL CAPACITY; OR~~

33 (II) ~~NEED SUBSTANTIAL SUPERVISION FOR PROTECTION AGAINST~~
34 ~~THREATS TO HEALTH AND SAFETY DUE TO SEVERE COGNITIVE IMPAIRMENT.~~

35 (C) ~~THE DEPARTMENT SHALL ADOPT REGULATIONS TO CARRY OUT THE~~
36 ~~PROVISIONS OF THIS SECTION.~~

1 15-132.

2 (a) (1) In this section the following terms have the meanings indicated.

3 (2) "Assisted living program" has the meaning stated in § 19-1801 of this
4 article.

5 (3) "Assisted living services" means services provided by an assisted
6 living program as defined in regulations adopted by the Department.

7 (4) "Case management services" means services that assist waiver
8 eligible individuals in gaining access to needed waiver services and other needed
9 medical, social, housing, and other supportive services.

10 (5) "DUAL ELIGIBILITY" MEANS SIMULTANEOUS ELIGIBILITY FOR
11 HEALTH INSURANCE COVERAGE UNDER BOTH THE PROGRAM AND MEDICARE AND
12 FOR WHICH THE DEPARTMENT MAY OBTAIN FEDERAL MATCHING FUNDS.

13 (6) (H) "Environmental modifications" has the meaning stated in
14 regulations adopted by the Department and includes those physical adaptations to
15 the home or residence which are necessary to ensure the health, welfare, and safety of
16 the individual or which enable the individual to function with greater independence
17 and without which, the individual would require admission to or continued stay in a
18 nursing facility; ~~MEANS THE PHYSICAL ADAPTATIONS MADE TO AN INDIVIDUAL'S
19 HOME OR PLACE OF RESIDENCE TO ENSURE THE INDIVIDUAL'S HEALTH, WELFARE,
20 AND SAFETY, OR TO ENSURE THE INDIVIDUAL'S ABILITY TO FUNCTION WITH
21 GREATER INDEPENDENCE AND ACCESS IN THE RESIDENCE, AND THAT ARE:~~

22 1. ~~APPROVED IN THE INDIVIDUAL'S PLAN OF CARE;~~

23 2. ~~PREAUTHORIZED BY THE DEPARTMENT OF AGING;~~

24 3. ~~APPROVED BY THE OWNER OF THE HOME OR BUILDING,
25 IF NOT THE INDIVIDUAL, WHO AGREES THAT THE INDIVIDUAL WILL BE ALLOWED TO
26 REMAIN IN THE RESIDENCE FOR AT LEAST 1 YEAR;~~

27 4. ~~PROVIDED FOR A INDIVIDUAL WHO DOES NOT LIVE IN A
28 LICENSED ASSISTED LIVING FACILITY;~~

29 5. ~~REQUIRED BECAUSE OF THE RESIDENCE'S PHYSICAL
30 STRUCTURE AND THE INDIVIDUAL'S SPECIAL FUNCTIONAL NEEDS; AND~~

31 6. ~~REASONABLE AND NECESSARY TO PREVENT THE
32 INDIVIDUAL'S INSTITUTIONALIZATION OR HOSPITALIZATION.~~

33 (H) ~~"ENVIRONMENTAL ACCESSIBILITY MODIFICATION" INCLUDES
34 THE COST, INSTALLATION, MAINTENANCE, AND REPAIR OF:~~

35 1. ~~RAMPS;~~

36 2. ~~GRAB BARS OR HANDRAILS;~~

1 [(8)] (9) "Intermediate level of care", for purposes of paragraph
 2 [(10)(ii)] (11)(II) of this subsection, includes health related care and services provided
 3 to individuals who ~~do~~:

4 ~~(I)~~ ~~DO~~ not require hospital or a skilled level of nursing facility care
 5 but whose mental, physical, functional, or cognitive condition requires health services
 6 that:

7 ~~{(i)}~~ ~~1-~~ Are above the level of room and board;

8 ~~{(ii)}~~ ~~2-~~ Are provided ~~{on a regular basis}~~ AT LEAST 5 DAYS IN A
 9 7-DAY PERIOD; and

10 ~~{(iii)}~~ ~~3-~~ Can be made available to the individuals through
 11 institutional facilities; ~~OR~~

12 ~~(H)~~ ~~MEET THE STANDARDS UNDER § 15-115.1 OF THIS SUBTITLE.~~

13 [(9)] (10) "Medically and functionally impaired" means an individual
 14 who is assessed by the Department to require services provided by a nursing facility
 15 as defined in this section, and who, but for the receipt of these services, would require
 16 admission to a nursing facility within 30 days.

17 [(10)] (11) (i) "Nursing facility" means a facility that provides skilled
 18 nursing care and related services, rehabilitation services, and health related care and
 19 services above the level of room and board needed on a regular basis in accordance
 20 with § 1919 of the federal Social Security Act.

21 (ii) "Nursing facility" includes a facility that provides services to
 22 individuals certified as requiring an intermediate level of care.

23 [(11)] (12) "Personal care services" means those services as defined in
 24 accordance with 42 C.F.R. 440.167 and in regulations adopted by the Department.

25 [(12)] (13) "Respite care services" has the meaning stated in regulations
 26 adopted by the Department and includes those services provided to individuals
 27 unable to care for themselves furnished on a short-term basis because of the absence
 28 or need for relief of those persons normally providing the care.

29 [(13)] (14) "Waiver" means a home and community based services waiver
 30 under § 1915(c) of the federal Social Security Act, submitted by the Department to the
 31 [Health Care Financing Administration] CENTERS FOR MEDICARE AND MEDICAID
 32 SERVICES, as required by subsections ~~{(b) and (c)}~~ ~~(F) AND (G)~~ (D) of this section.

33 [(14)] (15) "Waiver services" means the services covered under an
 34 approved waiver that:

35 (i) Are needed and chosen by an eligible waiver participant as an
 36 alternative to admission to or continued stay in a nursing facility;

- 1 (ii) Are part of a plan of care approved by the program;
- 2 (iii) Assure the waiver participant's health and safety in the
3 community; and
- 4 (iv) Cost no more per capita to receive services in the community
5 than in a nursing facility.

6 ~~(B) ON OR BEFORE JULY 1, 2004, THE DEPARTMENT SHALL DEVELOP A~~
7 ~~PROGRAM DESIGNED TO REDUCE THE NUMBER OF NURSING FACILITY BEDS~~
8 ~~OCCUPIED BY MEDICAL ASSISTANCE LONG TERM CARE RECIPIENTS IN EACH~~
9 ~~COUNTY AND BALTIMORE CITY AND TO ASSIST DUALY ELIGIBLE NURSING FACILITY~~
10 ~~RESIDENTS WHO CHOOSE TO OBTAIN LONG TERM CARE SERVICES IN THE~~
11 ~~COMMUNITY.~~

12 ~~(C) THE PROGRAM DEVELOPED UNDER SUBSECTION (B) OF THIS SECTION~~
13 ~~SHALL INCLUDE:~~

14 ~~(1) PROVISION OF SUPPORT SERVICES THAT ARE NECESSARY FOR AN~~
15 ~~INDIVIDUAL WHO IS DUALY ELIGIBLE FOR MEDICARE AND MEDICAID LONG TERM~~
16 ~~CARE BENEFITS TO ACHIEVE MAXIMUM PARTICIPATION IN THE MAINSTREAM IN THE~~
17 ~~MOST INTEGRATED SETTING POSSIBLE AND, ON A STATEWIDE BASIS, IMPROVE THE~~
18 ~~CAPACITY OF COMMUNITIES TO SUPPORT INDIVIDUALS WHO ARE DUALY ELIGIBLE~~
19 ~~FOR MEDICARE AND MEDICAID LONG TERM CARE BENEFITS WITH LONG TERM~~
20 ~~CARE OPTIONS THAT ARE SELF DIRECTED; AND~~

21 ~~(2) PROCEDURES OR PROGRAMS DESIGNED TO OFFSET THE LOSS OF~~
22 ~~INCOME REALIZED BY A NURSING HOME ASSOCIATED WITH THE LOSS OF A DUALY~~
23 ~~ELIGIBLE NURSING FACILITY RESIDENT TO THE COMMUNITY THAT MAY INCLUDE:~~

24 ~~(I) TAX CREDITS;~~

25 ~~(II) GRANTS TOWARD CONVERSION OF A LICENSED NURSING~~
26 ~~HOME BED TO AN ASSISTED LIVING BED, RESPITE CARE BED, OR FOR MEDICAL DAY~~
27 ~~CARE; OR~~

28 ~~(III) FROM A PORTION OF THE SAVINGS GENERATED FROM MOVING~~
29 ~~DUALY ELIGIBLE NURSING FACILITY RESIDENT TO THE COMMUNITY, AN~~
30 ~~ADJUSTMENT IN MEDICAID REIMBURSEMENT FOR THE SICKEST RESIDENTS IN THE~~
31 ~~FACILITY.~~

32 ~~(D) THE PROGRAM DEVELOPED UNDER SUBSECTION (B) OF THIS SECTION~~
33 ~~MAY NOT:~~

34 ~~(1) DIMINISH OR REDUCE THE QUALITY OF SERVICES AVAILABLE TO~~
35 ~~NURSING HOME RESIDENTS;~~

36 ~~(2) REQUIRE A NURSING FACILITY RESIDENT TO INVOLUNTARILY~~
37 ~~ACCEPT HOME AND COMMUNITY BASED LONG TERM CARE SERVICES;~~

1 (3) ~~REQUIRE A NURSING FACILITY RESIDENT TO BE TRANSFERRED OR~~
 2 ~~DISCHARGED AS A RESULT OF A CHANGE IN THE RESIDENT'S METHOD OF PAYMENT~~
 3 ~~FOR NURSING FACILITY SERVICES OR EXHAUSTION OF THE RESIDENT'S PERSONAL~~
 4 ~~FINANCIAL RESOURCES.~~

5 (E) ~~FOR EVERY MEDICAL ASSISTANCE LONG TERM CARE RECIPIENT~~
 6 ~~DISCHARGED FROM A NURSING FACILITY BED TO A COMMUNITY-BASED WAIVER~~
 7 ~~SLOT, THE DEPARTMENT SHALL DETERMINE THE AVERAGE SAVINGS PER RECIPIENT~~
 8 ~~TRANSFERRED AND SHALL USE THE SAVINGS TO:~~

9 (4) ~~FUND IMPLEMENTATION OF EXPANDED MEDICAL ELIGIBILITY~~
 10 ~~REQUIREMENTS FOR NURSING FACILITY SERVICES UNDER § 15-115.1 OF THIS~~
 11 ~~SUBTITLE;~~

12 (2) ~~ASSIST MEDICALLY AND FUNCTIONALLY IMPAIRED INDIVIDUALS IN~~
 13 ~~THE COMMUNITY, OR WHEN DISCHARGED FROM A HOSPITAL, RECEIVE HOME AND~~
 14 ~~COMMUNITY-BASED WAIVER SERVICES; AND~~

15 (3) ~~MAKE ADJUSTMENTS IN MEDICAID REIMBURSEMENTS AS PROVIDED~~
 16 ~~IN SUBSECTION (C)(2)(III) OF THIS SECTION.~~

17 {b} (F) On or before {August 1, 1999} ~~SEPTEMBER 1, 2004~~, the Department
 18 shall apply to the {Health Care Financing Administration} ~~CENTERS FOR MEDICARE~~
 19 ~~AND MEDICAID SERVICES~~ of the United States Department of Health and Human
 20 Services for an amendment to the existing home and community based services
 21 waiver (Control Number 0265.90) under § 1915(c) of the federal Social Security Act to
 22 receive federal matching funds for waiver services received by eligible medically and
 23 functionally impaired individuals participating in the waiver ~~AND TO RECEIVE~~
 24 ~~FEDERAL MATCHING FUNDS FOR WAIVER SERVICES TO ASSIST DUALY ELIGIBLE~~
 25 ~~NURSING FACILITY RESIDENTS IN OBTAINING LONG TERM CARE SERVICES IN THE~~
 26 ~~COMMUNITY.~~

27 (C) (1) IF PERMITTED BY THE CENTERS FOR MEDICARE AND MEDICAID
 28 SERVICES, AN INDIVIDUAL SHALL BE DETERMINED MEDICALLY ELIGIBLE TO
 29 RECEIVE SERVICES UNDER THE WAIVER UNDER SUBSECTION (B) OF THIS SECTION IF
 30 THE INDIVIDUAL REQUIRES:

31 (I) SKILLED NURSING FACILITY CARE OR OTHER RELATED
 32 SERVICES;

33 (II) REHABILITATION SERVICES; OR

34 (III) HEALTH-RELATED SERVICES ABOVE THE LEVEL OF ROOM AND
 35 BOARD THAT ARE AVAILABLE ONLY THROUGH NURSING FACILITIES, INCLUDING
 36 INDIVIDUALS WHO BECAUSE OF SEVERE COGNITIVE IMPAIRMENTS OR OTHER
 37 CONDITIONS:

38 1. A. ARE CURRENTLY UNABLE TO PERFORM AT LEAST
 39 TWO ACTIVITIES OF DAILY LIVING WITHOUT HANDS-ON ASSISTANCE OR STANDBY
 40 ASSISTANCE FROM ANOTHER INDIVIDUAL; AND

1 B. HAVE BEEN OR WILL BE UNABLE TO PERFORM AT LEAST
 2 TWO ACTIVITIES OF DAILY LIVING FOR A PERIOD OF AT LEAST 90 DAYS DUE TO A
 3 LOSS OF FUNCTIONAL CAPACITY; OR

4 2. NEED SUBSTANTIAL SUPERVISION FOR PROTECTION
 5 AGAINST THREATS TO HEALTH AND SAFETY DUE TO SEVERE COGNITIVE
 6 IMPAIRMENT.

7 (2) THE DEPARTMENT SHALL ADOPT REGULATIONS TO CARRY OUT THE
 8 PROVISIONS OF THIS SUBSECTION.

9 [(c)] ~~(G)~~ (D) The Department's waiver application shall include the
 10 following ~~GOALS AND OBJECTIVES~~:

11 (1) ~~(F)~~ An initial cap on waiver participation at 7,500 individuals ~~TO~~
 12 ~~ASSIST THE MEDICALLY AND FUNCTIONALLY IMPAIRED IN OBTAINING HOME AND~~
 13 ~~COMMUNITY BASED WAIVER SERVICES; AND~~

14 ~~(H)~~ ~~AN INITIAL CAP ON WAIVER PARTICIPATION AT 7,500~~
 15 ~~INDIVIDUALS TO ASSIST DUALY ELIGIBLE NURSING FACILITY RESIDENTS IN~~
 16 ~~OBTAINING LONG TERM CARE SERVICES IN THE COMMUNITY;~~

17 ~~(2)~~ A PROGRAM TO PERMIT:

18 ~~(I)~~ AN INDIVIDUAL, OR A PERSON LEGALLY AUTHORIZED TO
 19 PROVIDE INFORMED CONSENT TO MEDICAL TREATMENT ON BEHALF OF AN
 20 INDIVIDUAL, TO DIRECT, MANAGE, AND PAY FOR HOME AND COMMUNITY BASED
 21 SERVICES, INCLUDING RECRUITING, SCREENING, HIRING, TRAINING, SCHEDULING,
 22 SUPERVISING, AND TERMINATING A PERSONAL CARE ATTENDANT;

23 ~~(J)~~ THE HIRING OF AN INDIVIDUAL'S FAMILY MEMBER, INCLUDING
 24 A SPOUSE OR FRIEND, AS A PERSONAL CARE ATTENDANT;

25 ~~(K)~~ THE DEPARTMENT TO SET THE WAGES FOR A PERSONAL CARE
 26 ATTENDANT;

27 ~~(L)~~ THE LOCAL DEPARTMENT OF SOCIAL SERVICES OR THE LOCAL
 28 AREA AGENCIES ON AGING TO ASSIST AN INDIVIDUAL IN OBTAINING PERSONAL
 29 CARE ATTENDANTS; AND

30 ~~(M)~~ THE DEPARTMENT TO CONTRACT WITH AN INTERMEDIARY
 31 SERVICE ORGANIZATION TO PROVIDE PAYROLL, TAX, AND OTHER PAYROLL SUPPORT
 32 SERVICES ON BEHALF OF AN INDIVIDUAL;

33 ~~(2)~~ ~~(3)~~ A limit on annual waiver participation based on State General
 34 Fund support as provided in the budget bill;

35 ~~(3)~~ ~~(4)~~ Elimination of the current requirements that waiver
 36 applicants be at least 62 years old and be eligible for or already receive a subsidy for
 37 the senior assisted housing program;

1 ~~{(4)}~~ ~~(5)~~ Financial eligibility criteria which include:

2 (i) The current federal and State medical assistance long-term
3 care rules for using services provided by a nursing facility, per §§ 1902, 1919, and
4 1924 of the federal Social Security Act, and applicable regulations adopted by the
5 Department;

6 (ii) Medically needy individuals using services provided by a
7 nursing facility under the current federal and State medical assistance eligibility
8 criteria governed by regulations adopted by the Department and § 1919 of the federal
9 Social Security Act;

10 (III) IF PERMITTED BY THE CENTERS FOR MEDICARE AND MEDICAID
11 SERVICES UNDER THE WAIVER UNDER SUBSECTION (B) OF THIS SECTION,
12 MEDICALLY NEEDY INDIVIDUALS WHOSE COUNTABLE INCOME EXCEEDS 300% OF
13 THE APPLICABLE PAYMENT RATE FOR SUPPLEMENTAL SECURITY INCOME BUT IS
14 LESS THAN THE AVERAGE MEDICAID REIMBURSEMENT RATE FOR LONG-TERM CARE
15 AFTER ALL DEDUCTIONS INCLUDING THE PROTECTION FROM SPOUSAL
16 IMPOVERISHMENT PROVISIONS OF THE FEDERAL SOCIAL SECURITY ACT; AND

17 [(iii)] (IV) Categorically needy individuals with income up to 300%
18 of the applicable payment rate for supplemental security income; [and]

19 ~~{(5)}~~ ~~(6)~~ Waiver services that include at least the following:

20 (i) Assisted living services;

21 (ii) Case management services;

22 (iii) Personal care services and homemaker services;

23 (iv) Home health care services;

24 (v) Respite care services;

25 (vi) Assistive technology;

26 (vii) Environmental modifications;

27 (viii) Medically necessary over-the-counter supplies ordered by a
28 physician and not otherwise covered by the program;

29 (ix) Environmental assessments;

30 (x) Family/consumer training;

31 (xi) Personal emergency response systems;

32 (xii) Home delivered meals and dietitian/nutrition services; ~~{and}~~

1 (xiii) Ambulance or other transportation services for individuals
 2 receiving assisted living services or home health care services for being transported to
 3 and from health care providers and facilities for medical diagnosis or medically
 4 necessary treatment or care; ~~AND~~

5 ~~(XIV) CASH PAYMENTS TO PERSONAL CARE ATTENDANTS BY AN~~
 6 ~~INDIVIDUAL RECEIVING WAIVER SERVICES;~~

7 ~~(7)~~ (6) THE OPPORTUNITY TO PROVIDE ELIGIBLE INDIVIDUALS WITH
 8 WAIVER SERVICES UNDER THIS SECTION AS SOON AS THEY ARE AVAILABLE
 9 WITHOUT WAITING FOR PLACEMENT SLOTS TO OPEN IN THE NEXT FISCAL YEAR;

10 ~~(8)~~ (7) AN INCREASE IN PARTICIPANT SATISFACTION;

11 ~~(9)~~ (8) THE FORESTALLING OF FUNCTIONAL DECLINE;

12 ~~(10)~~ (9) A REDUCTION IN MEDICAID EXPENDITURES BY REDUCING
 13 UTILIZATION OF SERVICES; AND

14 ~~(11)~~ (10) THE ENHANCEMENT OF COMPLIANCE WITH THE DECISION OF
 15 THE UNITED STATES SUPREME COURT IN THE CASE OF OLMSTEAD V. L.C. (1999) BY
 16 OFFERING COST-EFFECTIVE COMMUNITY-BASED SERVICES IN THE MOST
 17 APPROPRIATE SETTING.

18 [(d)] ~~(H)~~ (E) The Department shall work with the Maryland Health
 19 [Resource Planning] CARE Commission to try to assure that 20% of assisted living
 20 program waiver beds are nursing facility beds that have been converted to assisted
 21 living beds.

22 [(e)] ~~(I)~~ (F) This section may not be construed to affect, interfere with, or
 23 interrupt any services reimbursed through the [Maryland Medical Assistance State]
 24 Program under this title.

25 [(f)] ~~(J)~~ (G) If a person determined to be eligible to receive waiver services
 26 under this section desires to receive waiver services and an appropriate placement is
 27 available, the Department shall authorize the placement.

28 [(g)] ~~(K)~~ (H) Waiver services shall be jointly administered by the
 29 [Departments of Aging, Human Resources, and Health and Mental Hygiene]
 30 DEPARTMENT AND THE DEPARTMENT OF AGING.

31 ~~(L) THE DEPARTMENT AND THE DEPARTMENT OF AGING SHALL:~~

32 ~~(1) DESIGNATE THE LOCAL AREA AGENCIES ON AGING IN EACH COUNTY~~
 33 ~~AND BALTIMORE CITY TO SERVE AS THE SINGLE POINT OF ENTRY FOR INDIVIDUALS~~
 34 ~~APPLYING FOR WAIVER SERVICES;~~

35 ~~(2) DEVELOP A STATEWIDE SINGLE POINT OF ENTRY SYSTEM TO:~~

36 ~~(i) ACCEPT APPLICATIONS;~~

- 1 ~~(II) MAKE ALL ELIGIBILITY DETERMINATIONS;~~
- 2 ~~(III) ENROLL INDIVIDUALS IN THE WAIVER; AND~~
- 3 ~~(IV) PROVIDE COORDINATED WAIVER SERVICES, INCLUDING:~~
- 4 1. ~~LEVEL OF CARE DETERMINATION;~~
- 5 2. ~~FINANCIAL DETERMINATION;~~
- 6 3. ~~PLAN OF CARE DETERMINATION;~~
- 7 4. ~~CASE MANAGEMENT SERVICES; AND~~
- 8 5. ~~OTHER SERVICES AS NEEDED UNDER THE WAIVER; AND~~

9 ~~(3) IMPLEMENT AN AUTOMATED PROVIDER LICENSURE AND~~
 10 ~~INSPECTION SYSTEM; AND~~

11 ~~(4) AUTHORIZE PROVIDERS TO DIRECTLY BILL THE DEPARTMENT FOR~~
 12 ~~SERVICES PROVIDED UNDER THE WAIVER.~~

13 ~~(M) THE TOTAL YEARLY COST OF ENVIRONMENTAL MODIFICATIONS SHALL~~
 14 ~~BE EQUAL TO OR LESS THAN THE TOTAL CURRENT MONTHLY ENVIRONMENTAL~~
 15 ~~MODIFICATION BENEFIT AVAILABLE UNDER THE PROGRAM MULTIPLIED BY 12.~~

16 ~~(I) AT LEAST 25% OF THE INDIVIDUALS WHO QUALIFY FOR MEDICAL~~
 17 ~~ASSISTANCE ELIGIBILITY UNDER THE WAIVER UNDER SUBSECTION (B) OF THIS~~
 18 ~~SECTION SHALL BE PARTICIPANTS IN THE PROGRAM DESCRIBED IN § 15-141 OF THIS~~
 19 ~~SUBTITLE.~~

20 ~~(h)~~ ~~(N)~~ ~~(J)~~ The Department, in consultation with representatives of the
 21 affected industry and advocates for waiver candidates, and with the approval of the
 22 Department of Aging [and the Department of Human Resources], shall adopt
 23 regulations to implement this section within 180 days of receipt of approval of the
 24 amended waiver application from the [Health Care Financing Administration]
 25 CENTERS FOR MEDICARE AND MEDICAID SERVICES of the United States Department
 26 of Health and Human Services.

27 ~~(i)~~ ~~(O)~~ ~~(K)~~ Subject to § 2-1246 of the State Government Article~~;~~~~;~~

28 ~~(1)~~ ~~{the}~~ ~~THE~~ Department shall report to the General Assembly every 6
 29 months concerning the status of the Department's application under subsections ~~{(b)}~~
 30 and ~~{(e)}~~ ~~(F)~~ AND ~~(G)~~ ~~(D)~~ of this section; AND

31 ~~(2) ON OR BEFORE DECEMBER 31, 2004, AND ANNUALLY THEREAFTER,~~
 32 ~~THE DEPARTMENT OF AGING SHALL REPORT TO THE GENERAL ASSEMBLY ON THE~~
 33 ~~STATUS OF THE IMPLEMENTATION AND CONTINUATION OF THE SINGLE~~
 34 ~~POINT OF ENTRY SYSTEM ESTABLISHED UNDER SUBSECTION (L) OF THIS SECTION.~~

1 15-141.

2 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
3 INDICATED.

4 (2) "COMMUNITY CARE ORGANIZATION" MEANS AN ORGANIZATION
5 APPROVED BY THE DEPARTMENT THAT ARRANGES FOR HEALTH CARE SERVICES
6 WITH THE GOAL OF PROMOTING THE DELIVERY OF SERVICES IN THE MOST
7 APPROPRIATE, COST-EFFECTIVE SETTING.

8 (3) "COMMUNITY CHOICE PROGRAM" MEANS A PROGRAM THAT
9 DELIVERS SERVICES IN ACCORDANCE WITH THE WAIVER DEVELOPED UNDER THIS
10 SECTION.

11 (B) (1) ON OR BEFORE NOVEMBER 1, 2004, THE DEPARTMENT SHALL APPLY
12 FOR A WAIVER UNDER THE FEDERAL SOCIAL SECURITY ACT.

13 (2) AS PERMITTED BY FEDERAL LAW OR WAIVER, THE SECRETARY MAY
14 ESTABLISH A PROGRAM UNDER WHICH MEDICAID PROGRAM RECIPIENTS ARE
15 REQUIRED TO ENROLL IN COMMUNITY CARE ORGANIZATIONS.

16 (3) CONSISTENT WITH THE FEDERAL WAIVER UNDER PARAGRAPH (1) OF
17 THIS SUBSECTION, IF THE SECRETARY ESTABLISHES A PROGRAM UNDER
18 PARAGRAPH (2) OF THIS SUBSECTION, THE PROGRAM MAY NOT OPERATE IN MORE
19 THAN TWO AREAS OF THE STATE.

20 (C) ANY WAIVER DEVELOPED UNDER THIS SECTION SHALL INCLUDE THE
21 FOLLOWING GOALS AND OBJECTIVES:

22 (1) INCREASING PARTICIPANT SATISFACTION;

23 (2) ALLOWING PARTICIPANTS TO AGE IN PLACE;

24 (3) REDUCING MEDICAID EXPENDITURES BY ENCOURAGING THE MOST
25 APPROPRIATE UTILIZATION OF HIGH QUALITY SERVICES; AND

26 (4) ENHANCING COMPLIANCE WITH THE FEDERAL AMERICANS WITH
27 DISABILITIES ACT BY OFFERING COST-EFFECTIVE COMMUNITY-BASED SERVICES IN
28 THE MOST APPROPRIATE HIGH QUALITY AND LEAST RESTRICTIVE SETTING.

29 (D) (1) THE BENEFITS PROVIDED BY THE COMMUNITY CHOICE PROGRAM
30 SHALL INCLUDE THOSE SERVICES AVAILABLE UNDER THE MEDICAID STATE PLAN
31 AND SERVICES COVERED UNDER HOME AND COMMUNITY-BASED SERVICES
32 WAIVERS.

33 (2) EXCEPT WHEN SERVICES ARE LIMITED OR EXCLUDED FROM THE
34 COMMUNITY CHOICE PROGRAM BY THE SECRETARY, THE COMMUNITY CARE
35 ORGANIZATION SHALL PROVIDE ALL THE SERVICES ESTABLISHED IN REGULATION
36 AND REQUIRED BY THE SECRETARY.

1 (3) THE SECRETARY MAY EXCLUDE SPECIFIC POPULATIONS.

2 (4) THE SECRETARY SHALL INCLUDE A DEFINITION OF "MEDICAL
3 NECESSITY" IN ITS QUALITY AND ACCESS STANDARDS.

4 (5) NOTHING IN THE COMMUNITY CHOICE PROGRAM MAY PRECLUDE A
5 NURSING HOME FROM UTILIZING AN INSTITUTIONAL PHARMACY OF ITS OWN
6 CHOICE FOR THE PROVISION OF INSTITUTIONAL PHARMACY SERVICES AND
7 BENEFITS FOR WAIVER ENROLLEES IN THE NURSING HOME.

8 (E) COMMUNITY CHOICE PROGRAM RECIPIENTS SERVED BY THE PROGRAM
9 DEVELOPED UNDER THIS SECTION SHALL BE ALLOWED TO CHOOSE AMONG AT
10 LEAST TWO COMMUNITY CARE ORGANIZATIONS THAT HAVE DEMONSTRATED A
11 NETWORK CAPACITY SUFFICIENT TO MEET THE NEEDS OF THE POPULATION.

12 (F) (1) ON AN ANNUAL BASIS OR FOR CAUSE, AN ENROLLEE MAY CHOOSE
13 TO DISENROLL FROM A COMMUNITY CARE ORGANIZATION AND ENROLL IN ANOTHER
14 COMMUNITY CARE ORGANIZATION.

15 (2) EACH ENROLLEE RECEIVING SERVICES IN A NURSING HOME, AN
16 ASSISTED LIVING FACILITY, OR AN ADULT DAY CARE FACILITY SHALL HAVE THE
17 OPTION OF REMAINING IN THE NURSING HOME, ASSISTED LIVING FACILITY, OR
18 ADULT DAY CARE FACILITY.

19 (3) AN ENROLLEE OF THE PROGRAM WHO QUALIFIES FOR NURSING
20 LEVEL CARE MAY CHOOSE TO RECEIVE SERVICES IN A NURSING HOME OR IN THE
21 COMMUNITY, IF THE COMMUNITY PLACEMENT IS COST-EFFECTIVE.

22 (4) THE COMMUNITY CHOICE PROGRAM SHALL ENSURE THAT ALL
23 ENROLLEES IN THE PROGRAM MAINTAIN ACCESS TO PHARMACY BENEFITS,
24 INCLUDING ALL CLASSES OF DRUGS, THAT ARE COMPARABLE TO THE BENEFITS
25 PROVIDED IN THE MEDICAL ASSISTANCE PROGRAM.

26 (G) (1) EACH COMMUNITY CARE ORGANIZATION SHALL PROVIDE FOR THE
27 BENEFITS DESCRIBED IN SUBSECTION (D) OF THIS SECTION.

28 (2) THIS SECTION MAY NOT BE CONSTRUED TO PREVENT A COMMUNITY
29 CARE ORGANIZATION FROM PROVIDING ADDITIONAL BENEFITS THAT ARE NOT
30 COVERED BY A CAPITATED RATE.

31 (3) (I) THE DEPARTMENT SHALL MAKE CAPITATION PAYMENTS TO
32 EACH COMMUNITY CARE ORGANIZATION AS PROVIDED IN THIS PARAGRAPH.

33 (II) THE SECRETARY SHALL SET CAPITATION PAYMENTS AT A
34 LEVEL THAT IS ACTUARIALLY ADJUSTED FOR THE BENEFITS PROVIDED.

35 (III) THE SECRETARY SHALL ADJUST CAPITATION PAYMENTS TO
36 REFLECT THE RELATIVE RISK ASSUMED BY THE COMMUNITY CARE ORGANIZATION.

1 (H) THE DEPARTMENT SHALL REQUIRE COMMUNITY CARE ORGANIZATIONS
2 TO BE CERTIFIED TO ACCEPT CAPITATED PAYMENTS FROM THE FEDERAL MEDICARE
3 PROGRAM FOR INDIVIDUALS WHO ARE DUALY ELIGIBLE.

4 (I) THE COMMUNITY CHOICE PROGRAM SHALL INCLUDE:

5 (1) ADULTS WHO ARE DUALY ELIGIBLE;

6 (2) ADULT MEDICAID RECIPIENTS WHO MEET THE NURSING HOME
7 LEVEL OF CARE STANDARD; AND

8 (3) MEDICAID RECIPIENTS OVER 65 YEARS OF AGE.

9 (J) (1) INDIVIDUALS ELIGIBLE FOR THE COMMUNITY CHOICE PROGRAM
10 SHALL HAVE THE RIGHT TO ELECT TO RECEIVE SERVICES UNDER THE COMMUNITY
11 CHOICE PROGRAM OR AN APPROVED PROGRAM OF ALL-INCLUSIVE CARE FOR THE
12 ELDERLY.

13 (2) IF AN INDIVIDUAL ELIGIBLE FOR THE COMMUNITY CHOICE
14 PROGRAM REQUIRES HOSPICE CARE, THE INDIVIDUAL SHALL ELECT TO RECEIVE
15 HOSPICE CARE FROM A LICENSED HOSPICE PROGRAM UNDER A SEPARATE
16 ARRANGEMENT AND PAYMENT FOR HOSPICE CARE PROVIDED TO THE INDIVIDUAL
17 SHALL BE MADE DIRECTLY TO THE HOSPICE PROGRAM BY THE DEPARTMENT UNDER
18 THE MEDICAID-ESTABLISHED RATE FOR HOSPICE CARE REIMBURSEMENT.

19 (K) (1) EACH COMMUNITY CARE ORGANIZATION SHALL MEET ALL
20 REQUIREMENTS FOR CERTIFICATION BY THE DEPARTMENT.

21 (2) EACH COMMUNITY CARE ORGANIZATION SHALL:

22 (I) HAVE A QUALITY ASSURANCE PROGRAM, SUBJECT TO
23 APPROVAL BY THE SECRETARY, WHICH SHALL:

24 1. PROVIDE FOR AN ENROLLEE GRIEVANCE SYSTEM,
25 INCLUDING AN ENROLLEE HOTLINE;

26 2. PROVIDE FOR A PROVIDER GRIEVANCE SYSTEM,
27 INCLUDING A PROVIDER HOTLINE;

28 3. PROVIDE FOR AN ENROLLEE SATISFACTION SURVEY; AND

29 4. PROVIDE FOR A CONSUMER ADVISORY BOARD TO
30 RECEIVE REGULAR INPUT FROM ENROLLEES AND SUBMIT AN ANNUAL REPORT OF
31 THE ADVISORY BOARD TO THE SECRETARY;

32 (II) SUBMIT SERVICE-SPECIFIC DATA IN A FORMAT SPECIFIED BY
33 THE SECRETARY;

34 (III) INCLUDE PROVISIONS FOR CONSUMER DIRECTION OF
35 PERSONAL ASSISTANCE SERVICES;

1 (IV) ENSURE NECESSARY PROVIDER CAPACITY IN ALL GEOGRAPHIC
2 REGIONS WHERE THE COMMUNITY CARE ORGANIZATION IS APPROVED TO OPERATE;

3 (V) BE ACCOUNTABLE, AND HOLD ITS SUBCONTRACTORS
4 ACCOUNTABLE, FOR MEETING ALL REQUIREMENTS, STANDARDS, CRITERIA, OR
5 OTHER DIRECTIVES OF THE DEPARTMENT AND UPON FAILURE TO MEET THOSE
6 STANDARDS, BE SUBJECT TO ONE OR MORE OF THE FOLLOWING PENALTIES:

7 1. FINES;

8 2. SUSPENSION OF FURTHER ENROLLMENT;

9 3. WITHHOLDING OF ALL OR PART OF A CAPITATION
10 PAYMENT;

11 4. TERMINATION OF A CONTRACT;

12 5. DISQUALIFICATION FROM FUTURE PARTICIPATION; AND

13 6. ANY OTHER PENALTIES THAT MAY BE IMPOSED BY THE
14 SECRETARY;

15 (VI) MEET THE SOLVENCY AND CAPITAL REQUIREMENTS FOR
16 HEALTHCHOICE MANAGED CARE ORGANIZATIONS UNDER THE INSURANCE ARTICLE;

17 (VII) TO THE EXTENT PRACTICABLE, ALLOW WAIVER ENROLLEES,
18 WHO MEET THE NURSING HOME LEVEL OF CARE, TO SELECT A NURSING HOME,
19 ASSISTED LIVING FACILITY, OR ADULT DAY CARE FACILITY PROVIDED THAT THE
20 NURSING HOME, ASSISTED LIVING FACILITY, OR ADULT DAY CARE FACILITY IS
21 LICENSED BY THE DEPARTMENT AND THE PROVIDER MEETS THE
22 DEPARTMENT-APPROVED CREDENTIALING REQUIREMENTS OF THE COMMUNITY
23 CARE ORGANIZATION;

24 (VIII) SUBMIT TO THE DEPARTMENT UTILIZATION AND OUTCOME
25 REPORTS AS DIRECTED BY THE DEPARTMENT;

26 (IX) PROVIDE TIMELY ACCESS TO, AND CONTINUITY OF, HEALTH
27 AND LONG-TERM CARE SERVICES FOR ENROLLEES;

28 (X) DEMONSTRATE ORGANIZATIONAL CAPACITY TO PROVIDE
29 SPECIAL POPULATION SERVICES, INCLUDING OUTREACH, CASE MANAGEMENT, AND
30 HOME VISITING, DESIGNED TO MEET THE INDIVIDUAL NEEDS OF ALL ENROLLEES;

31 (XI) PROVIDE ASSISTANCE TO ENROLLEES IN SECURING
32 NECESSARY HEALTH AND LONG-TERM CARE SERVICES; AND

33 (XII) COMPLY WITH ALL RELEVANT PROVISIONS OF THE FEDERAL
34 BALANCED BUDGET ACT OF 1997 (P.L. 105-33).

1 (L) A COMMUNITY CARE ORGANIZATION MAY NOT HAVE FACE-TO-FACE OR
2 TELEPHONE CONTACT OR OTHERWISE SOLICIT AN INDIVIDUAL FOR THE PURPOSE
3 OF ENROLLMENT UNDER THE PROGRAM.

4 (M) (1) IN ARRANGING FOR THE BENEFITS REQUIRED UNDER SUBSECTION
5 (D) OF THIS SECTION, THE COMMUNITY CARE ORGANIZATION SHALL:

6 (I) A. REIMBURSE NURSING HOMES NOT LESS THAN THE
7 MEDICAID-ESTABLISHED RATE BASED ON THE WAIVER RECIPIENT'S MEDICAL
8 CONDITION PLUS ALLOWABLE ANCILLARY SERVICES, AS ESTABLISHED BY THE
9 DEPARTMENT BASED ON ITS NURSING HOME MEDICAID RATE SETTING
10 METHODOLOGY; OR

11 B. FOR WAIVER RECIPIENTS THAT WOULD HAVE BEEN PAID
12 BY THE MEDICARE PROGRAM FOR SERVICES PROVIDED, REIMBURSE NURSING
13 HOMES NOT LESS THAN THE APPLICABLE REIMBURSEMENT RATE PAYABLE BY
14 MEDICARE FOR THAT WAIVER RECIPIENT;

15 (II) REIMBURSE NURSING HOMES IN ACCORDANCE WITH THE
16 DEPARTMENT'S POLICY ON LEAVE OF ABSENCE AS PROVIDED UNDER § 15-117 OF
17 THIS SUBTITLE;

18 (III) REIMBURSE ADULT DAY CARE FACILITIES NOT LESS THAN THE
19 RATE DETERMINED BY THE DEPARTMENT FOR THE MEDICAL ASSISTANCE PROGRAM;

20 (IV) REIMBURSE HOSPITALS IN ACCORDANCE WITH THE RATES
21 ESTABLISHED BY THE HEALTH SERVICES COST REVIEW COMMISSION;

22 (V) FOR ENROLLEES WITH COMPLEX, LONG-TERM CARE NEEDS,
23 USE A COMPREHENSIVE CARE AND SUPPORT MANAGEMENT TEAM, INCLUDING THE
24 PRIMARY CARE PROVIDER, NURSE MANAGER, CASE MANAGER, AND OTHERS AS
25 APPROPRIATE; AND

26 (VI) REIMBURSE A HOSPITAL EMERGENCY FACILITY AND PROVIDER
27 FOR:

28 1. HEALTH CARE SERVICES THAT MEET THE DEFINITION OF
29 EMERGENCY SERVICES UNDER § 19-701 OF THIS ARTICLE;

30 2. MEDICAL SCREENING SERVICES RENDERED TO MEET THE
31 REQUIREMENTS OF THE FEDERAL EMERGENCY MEDICAL TREATMENT AND ACTIVE
32 LABOR ACT;

33 3. MEDICALLY NECESSARY SERVICES IF THE COMMUNITY
34 CARE ORGANIZATION AUTHORIZED, REFERRED, OR OTHERWISE ALLOWED THE
35 ENROLLEE TO USE THE EMERGENCY FACILITY AND THE MEDICALLY NECESSARY
36 SERVICES ARE RELATED TO THE CONDITION FOR WHICH THE ENROLLEE WAS
37 ALLOWED TO USE THE EMERGENCY FACILITY; AND

- 1 (2) AFFECTED STATE AGENCIES;
- 2 (3) PROVIDERS WITH EXPERTISE IN DEMENTIA, GERIATRICS,
 3 END-OF-LIFE CARE, AND MENTAL HEALTH;
- 4 (4) LONG-TERM CARE PROVIDERS;
- 5 (5) MANAGED CARE ORGANIZATIONS;
- 6 (6) ACUTE CARE PROVIDERS;
- 7 (7) LAY CARE GIVERS;
- 8 (8) ADVOCATES FOR WAIVER-ELIGIBLE CANDIDATES; AND
- 9 (9) CONSUMERS.

10 (P) ~~THE DEPARTMENT SHALL OBTAIN LEGISLATIVE APPROVAL, PRIOR TO~~
 11 ~~APPLYING TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES FOR ANY~~
 12 ~~WAIVER UNDER § 1115 OR § 1915(C) OF THE FEDERAL SOCIAL SECURITY ACT~~ THE
 13 WAIVER UNDER THIS SECTION, SUBMIT THE PROPOSED WAIVER TO THE
 14 LEGISLATIVE POLICY COMMITTEE FOR ITS REVIEW AND COMMENT.

15 SECTION 2. AND BE IT FURTHER ENACTED, That the Department of
 16 Health and Mental Hygiene ~~and the Department of Aging shall develop a plan to~~
 17 ~~assist local area agencies on aging under § 15-132(l) of the Health - General Article,~~
 18 ~~as added by this Act, in recruiting staff, assisting with enrollment services, and~~
 19 ~~monitoring providers, and for updating the provider system to account for differences~~
 20 ~~in provider size and type. The Department shall report its findings and~~
 21 ~~recommendations to the Governor and, subject to § 2-1246 of the State Government~~
 22 ~~Article, to the Senate Finance Committee and the House Health and Government~~
 23 ~~Operations Committee on or before December 1, 2004 shall annually report to the~~
 24 General Assembly beginning on December 1, 2004, in accordance with § 2-1246 of the
 25 State Government Article, on the status of the program developed under § 15-141 of
 26 the Health - General Article as enacted by this Act.

27 SECTION 3. AND BE IT FURTHER ENACTED, That the Department of
 28 Health and Mental Hygiene shall initially submit emergency regulations to begin
 29 implementation of the program developed under § 15-141 of the Health - General
 30 Article as enacted by this Act.

31 SECTION 4. AND BE IT FURTHER ENACTED, That unless further action is
 32 taken by the General Assembly, the program developed under § 15-141 of the Health
 33 - General Article as enacted by this Act shall terminate at the end of May 31, 2008.

34 SECTION ~~3-~~ 5. AND BE IT FURTHER ENACTED, That this Act shall take
 35 effect June 1, 2004.

